



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
Missouri Breath Alcohol Program
By Carol Day at 2:07 pm, Aug 28, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN <u>66-005018</u>	DATE OF INSPECTION <u>8-19-09</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>6502 Royal Street, Pleasant Valley mo</u>	TIME OF INSPECTION <u>1950</u>

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- ☒ DVM TEST: (.350 ± .150) .286
- ☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK
- ☒ CHARACTER DISPLAY TEST OK
- ☒ PRINT TEST (PRINTOUT ATTACHED) OK
- ☒ TIME AND DATE OK
- ☒ CALIBRATION CHECK —
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
 - ☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 - ☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> <u>.095</u>	TEST 2 <input checked="" type="checkbox"/> <u>.098</u>	TEST 3 <input checked="" type="checkbox"/> <u>.097</u>
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- ☒ SIMULATOR TEMPERATURE (34° ± .2°C) 34.0°C
- ☒ PERFORM RFI TEST (PRINTOUT ATTACHED) OK
- ☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	Over .19
	<u>1</u>			<u>0</u>	<u>0</u>

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument is operating within DOH/SS Standards and guidelines.

Simulator: Guth Lab Model 10-4 D S/N: SD1508

Supplier: Guth / Lot# 08340 / Conc 0.10% / Expires 10-15-09

INSPECTING OFFICER

SIGNATURE <u>Sgt Michael Fryer</u>	PRINT NAME <u>Sgt Michael Fryer</u>
TYPE IN PERMIT NUMBER EXPIRATION DATE <u>720317 / 10-25-09</u>	TELEPHONE NUMBER <u>816-436-9150</u>



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009 at 11:59 PM.**

When used in a calibrated Simulator, operating at **34°C +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 66-005018
E735.23
INVALID TEST
(INHIBITED - RFI)

08/19/2009
20:14

PLEASANT VALLEY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005018
08/19/2009

TEST	XBAC	TIME
AIR BLANK	.000	20:09
CAL. CHECK	.005	20:09
AIR BLANK	.000	20:09
CAL. CHECK	.008	20:10
AIR BLANK	.000	20:10
CAL. CHECK	.007	20:11
AIR BLANK	.000	20:11

NO RFI PRESENT

SN 66-005018
E735.23

08/19/2009
20:01

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde

PLEASANT VALLEY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005018
08/19/2009

DIAGNOSTIC TEST 20:01

FRON CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

Monthly Maint

INTOXILYZER® INSTRUMENT PRINTER CARD

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State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MICHAEL FRYER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/25/07
Number 720217
Expires 10/25/2009

Eric C. Polak
Director of State Public Health Laboratory
[Signature]
Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)